

CITY OF PITTSBURGH

Department of Law

William Peduto, Mayor

Celia B. Liss, Open Records Officer

May 29, 2019

Jon Moss Dept MR 72099 411A Highland Avenue Somerville, MA 02144-2516

RE: RTK No. 49-02-2019

Dear Mr. Moss:

On April 22, 2019, the City of Pittsburgh Open Records Office received your written request for records pursuant to the Pennsylvania Right-to-Know Law (RTKL), 65 P.S. §67.101 et seq. Your specific request is as follows:

"Any and all statement of financial interest forms for Bruce Kraus."

Upon investigation, the City's Open Records Office was able to locate the records enclosed herein. We have redacted personal identification information such as home address and telephone number. 65 P.S. §67.708(b)(6)(i)(A). No other responsive records exist. To the extent anything requested does not exist, the RTKL instructs that the City is not required to create records which do not currently exist. See 65 P.S. §67.705. Additionally, nothing in the RTKL shall be construed to modify, rescind or supersede any of the City's record retention policies. See 65 P.S. §67.507.

If you feel that any aspect of this response to your request is in error, you may take an appeal by writing to Erik Arneson, Executive Director, Office of Open Records, Commonwealth Keystone Building, 400 North Street, 4th Floor, Harrisburg, PA 17120. If you wish to take an appeal, you must do so within fifteen (15) business days of the date of this letter. See 65 P.S. §67.1101.

Sincerely,

Celia B. Liss

Open Records Officer

Pelie Bluss

CBL/emh

STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1810 • TOLL FREE 1-800-932-093-

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City of Pittsburgh
510 City-County Building - Pittsburgh, Pennsylvania 15219-2457
FAX NO: (412) 255-2821

Mary Beth Doheny City Clark (412) 255-2138

Kimberly D. Clark Deputy City Clark (412) 255-2132

STATEMENT OF FINANCIAL INTEREST FORM PENNSYLVANIA STATE ETHICS COMMISSION

Date: 3/16/15	
Name on Form: KRAUS,	Bruce
Attachments: YES	NO_X
Number of Pages:	
Delivered By (please print):	JACO3 REDFERN
Received By:	Hobinson

CILL CLERKS OFFICE

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STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSIO (717) 783-1610 • TOLL FREE 1-800-932-093

PLEASE PRINT NEATLY LASTNAME 01 FIRST NAME MI SUFFIX RA RUC A E NOTE IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS STATUS Check applicable block or blocks more than one block may be marked (See instructions on page 2) Check this C Public Official (Current) A Candidate (including write-in) E Check this block if you are filing as a solicitor block If you D Public Employee (Current) are amending B Nominea C Public Official (Former) D Public Employee (Former) an original filing hold 04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) _____ seeking ☐ held seeking hold ☐ held B GOVERNMENTAL ENTITY in which you are/were an Official Employee, Candidate or Nortinee (e.g., dept. agency, authority, borough, board, commission, county school district, twp. otc.) 05 B OCCUPATION OR PROFESSION (This may be the same as block 4) 08 07 YEAR Indicate calendar year for which form is being filed SEE INSTRUCTIONS. GOYCICM AN 08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2) Creditor (Name and Address) If NONE, check this box. Address POBOX 6500 Interest Rate Name ATTUVIVERS AL CARD SIOUX FALLS SA STILL DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) check this block. ATTSBURGH Address 414 GRANT GIFTS (See Hoructions on page If NONE, check this box. Value of GIR 00 Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Volum Source (Name and Address OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address) Position Held Ad Sross: FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See Instructions on page 2) If NONE, check this box. Name and Address of Business Interest Held BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Relationship Transleree (Name and Address) **Dale Translered** The undersigned hereby pages that the foregoing Information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescripted by 18 Pa C S \$109(b) (upsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa C S \$1109(b) Enter Current Date ______ THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.



City of Pittsburgh
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FAX NO: (412) 255-2821

Linda M. Johnson-Wasler City Clerk (412) 255-2138

> Mary Beth Doheny Deputy City Clerk (412) 255-2132

STATEMENT OF FINANCIAL INTEREST FORM PENNSYLVANIA STATE ETHICS COMMISSION

Date: 28 April 2015
Name of person on form: KRAUS, BRUCE
Attachments: YES X NO
Number of Pages:
Delivered By (please print): KEVIN KERR
Received by: Ashley obinsm

COMMONWEALTH OF PENNSYLVANIA

STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 * TOLL FREE 1-800-932-0938

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510 City-County Building - Pittsburgh, Pennsylvania 15219-2457
FAX NO: (412) 255-2821

Linda M. Johnson-Wasler City Clerk (412) 255-2138

> Mary Beth Doheny Deputy City Clerk (412) 255-2132

STATEMENT OF FINANCIAL INTEREST FORM PENNSYLVANIA STATE ETHICS COMMISSION

Date: 4/6/16
Name of person on form: KRAUS, Bruce
Attachments: YES X NO
Number of Pages:
Delivered By (please print):
Received by:
CILA CLERKS OFFICE
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PENNSYLVANIA STATE ETHICS COMMISSION COMMONWEALTH OF PENNSYLVANIA STATEMENT OF FINANCIAL INTERESTS 4717) 783-1618 * TOLL FREE 1-800-932-0938 SEC-1 REV 01:17 PLEASE PRINT NEATLY FIRST NAME SUFFIX LAST NAME 01 RU Zip Code 152/4 ADDRESS office (business or governmental) or home (412)255-2130 ST, STE 557 414 GRANT NOTE IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS. STATUS Check applicable block or blocks, more than one block may be marked (See instructions on page 2) Check this block If you D Public Employee (Current) E Check this block C Public Official (Current) A Candidate (including write-in) are smending an original filing if you are filing as a solicitor D Public Employee (Former) C Public Official (Former) X hold held PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) nold ☐ held sacking GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept. agency, authority, borough, board, commission county, school district, twp. etc. 05 OCCUPATION OR PROFESSION (This may be the same as block 4) SEE INSTRUCTIONS Information in Blocks 8 -15 represents 2 CITY COUNCIL MEMBER disclosure for the calendar year listed here REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See Instructions on page 2). Creditor (Name and Address). If NONE, check this box. Interest Rate Address | PNC BANK PLAZA #6,924.90 245 FIFTH AVE PGH PAISZZZ DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) Name CITY OF PITSBUZGH Address 414 GRANT ST PITTSBURGH PA 15219 GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift desciption) of Git Circumstances (including Address of Source of Git D 7 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value : 1 12 Ç Source (Name and Address) **ICE** ch

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

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DISCLOSURE OF INTERESTS

Kindly return completed form by January 15, 2017 to City Controller Michael Lamb

Name:	BRI	JCE A.	WRAUS	
Date:	5.1.	2017		
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Office / Position:	C17/	CONCL	L DISMICT 3-	CONCLUAN

In accordance with the provisions of the Home Rule Charter of the City of Pittsburgh, Article 8, General Provisions, Sub-Section 801, Disclosure of Interests:

- A. State the names of all business or non-profit corporations, associations, partnerships, joint ventures, estates, proprietorships, trusts, business activities and organizations, other than religious organizations and religious corporations [please use additional paper if needed]:
 - With which you have any connection as an owner, officer, employee, consultant, contractor, creditor, shareholder, member, partner, joint venturer, trustee, beneficiary or participant.
- CARNEGIE LIBITATES BOARD MARION BUSINESS IMPROVEMENT BOARD (ADVISORY)
- CARNEGIE CIRITATES ISSAED CARNEGIE MELLON UNIVERSITY BOARD
- CARNEGE MUSCUAS BOARD EQUIPMENT LEASING AUTHORITY ATTSBULLY BOARD
- CHILDRENT SICKLE CEZE FOUNDATION BOATED (MUNICIPY)
- 2. In which you have any financial property interest in any form, whether a legal interest or equitable interest or otherwise. Please state, as to each name, the nature of the

connection or interest.

NONE

DISCLOSURE OF INTERESTS Page 2 of 2

2017 MAY -1 P 2: 30

Briefly describe all legal and equitable interest of any degree in real property held by you.

PRIVATE HOME: 157 5. 18TH ST

PITTSBURGHI P4 15203

30

State the remaining amounts of any funds and contributions C. related to your most recent nomination and elections, by whom and how the funds are held.

PRIENDS OF BRUCE KRAUS

5-1-2017 - \$5000

State the names of all your creditors and debts as to which you are D. co-signer, surety or guarantor in excess of \$1,000.00.

SEARS: \$3,000 PUC: \$ 6,000

Signature:

COUNCI-MAN

Date:

Title:

5-1- 7017

Signature

STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION

(717) 783-1610 • TOLL FREE 1-800-932-0936 PLEASE PRINT NEATLY LAST NAME FIRST NAME SUFFIX 01 City Zip Code State Area Code ADDRESS office (business or governmental) or home Phone 02 4146RAWT 15/219) 122552130 MCOUNT YBUID PA NOTE, IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS Check applicable block or blocks more than one block may be marked. (See instructions on page 2) Check this block If you Public Official (Current) Public Employee (Current) A Candidate (including write-in) Check this block are amending if you are filing as a solicitor D Public Employee (Former) an original filing C Public Official (Former) hold PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) held 04 seeking V hold held GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county school district, twp. etc.) 05 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS 06 Information in Blocks 8 -15 represents disclosure for the calendar year listed here. ULCIL REC'D CLERK'S UFFICE REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. na 2019 MAR 11 AM10:53 CREDITORS (See instructions on page 2) Creditor (Name and Address) If NONE, check this box. 09 Interest Rate DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY) 10 check this block. GIFTS (See instructions on page 2) If NONE, check this box. 11 Source of Gift Value of Gift Address of Source of Gift Circumstances (including description) of Gift TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. 12 Value Source (Name and Address) Position Held (I.a., officer, director, OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. 13 employes, etc.) Business Entity (Name and Address) Name Interest Held (i.e., 5%, 10%, etc.) FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Name and Address of Business BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. 15 Business (Name and Address) Relationship Date Transferred Transferee (Name and Address The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed 6/48 Pa CS §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa C.S §1109(b)

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

Enter Current Date .

Bevor A. Kraus "STATE MENT OF FINANCIAL ZUTREST" "ATTACH MENT"

BOARD Appointments

- @ MUNIC, PAL PENSION FOND
- @ CONVESIS MUSEUM BOARD
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- @ PHIBBURSH CULTURALTRUST
- (7) CMU BOARD OF TRUSTERS
 - (8) ShepherD WELLNESS

REC'D CLERK'S OFFICE 2019 MAR 11 AM10:53



OFFICE OF THE CITY CLERK City of Pittsburgh 510 City-County Building – Pittsburgh, Pennsylvania 15219-2457

FAX NO: (412) 255-2821

Brenda F. Pree, CMC City Clerk (412) 255-2138

Kimberly Clark-Baskin Deputy City Clerk (412) 255-2132

STATEMENT OF FINANCIAL INTEREST FORM RECEIPT PENNSYLVANIA STATE ETHICS COMMISSION

Date: 3/11/19
Name on form: KRAUS, BEVOLE A.
Attachments:No
Number of Pages: 2
Delivered by (please print): Rouce A Green
Received by:

REC'D CLERK'S OFFICE ETHICS COMMISSION STATEMENT OF FINANCIAL INTERESTS 2019 FEB 6 PH 4 48 OLL FREE 1-800-932-0936

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B Nominee C Public Official (Former) D	Public Employee (Former)	If you are filing are amending as a solicitor an original filing
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BRUCE A. KRAUS

Councilman, City of Pittsburgh - District 3



City Council President

Statement of Financial Interests

February, 2018

State the names of all business or non-profit corporations, associations, partnerships, joint ventures, estates, proprietorships, trusts, business activities and organizations, other than religious organizations and religious corporations:

Municipal Pension Fund
Carnegie Museum Board
Carnegie Library Board
IRETA Board Member
Oakland Business Improvement District: Board Member
Pittsburgh Cultural Trust Board
CMU Board of Trustees
Shepherd Wellness



STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0938

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BRUCE A. KRAUS

Councilman, City of Pittsburgh - District 3 City Council President



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Carnegie Museum Board
Carnegie Library Board
IRETA Board Member
Oakland Business Improvement District: Board Member
Pittsburgh Cultural Trust Board
CMU Board of Trustees
Shepherd Wellness

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PLEASE PRINT NEATLY

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0938

LAST NAME FIRST NAME MI SUFFIX KRAUS RV ADDRESS office (business or governmental) or home
414 GRANT ST - STF SS7 Zip Code Area Code ITTSDUTEG 15219 412, 253-2130 NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS. STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this block if you E Check this block if you are filing C Public Official (Current) D Public Employee (Current) A Candidate (including write-in) are amending D Public Employee (Former) an original filing B Nominee C Public Official (Former) as a solicitor X hold held PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ____ seaking hold held seeking 8 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Norrinee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp. etc.) 05 2 8 OCCUPATION OR PROFESSION (This may be the same as block 4) SEE INSTRUCTIONS 06 Information in Blocks 8-15 represents 2 0 CITY COUNCIL MEMBER disclosure for the calendar year listed here: REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. 09 Interest Rate Address DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE; (OFFICIAL USE ONLY) 10 check this block. Name: Address GIFTS (See instructions on page 2) If NONE, check this box. Source of Gift Value of Gift 1 Address of Source of Gift Circumstances (including des enation) of Gift" (") TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Source (Name and Address) Position Held (i.e., officer, director, OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address) Address. FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. M Interest Held (i.e., 5%, 10%, etc.) BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. 15 Business (Name and Address) interest Hek Transferee (Name and Address Date Transferred The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject Pa.C.S. \$4984 (Option falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. \$1109ib). to the penalties prescribed Signature Enter Current Date THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.



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STATEMENT OF FINANCIAL INTEREST FORM RECEIPT PENNSYLVANIA STATE ETHICS COMMISSION

Date: 4/3/18	
Name on form: _	KRAUS, BRUCE A.
Attachments: _	YesNo
Number of Pages	:
Delivered by (ple	ase print): Neil Mangunaro
Received by:	Ashley K.